

**College of Nursing, Health, and Human Services**  
**Request for Research/Creative Project Support International Travel**

**Basic Information**

First Name:  MI:  Last Name:

Phone :  Email:

Have you received support from the CSRC in the past?     Yes     No    **991 #**        -        -

**Sponsor Information**

First Name:  MI:  Last Name:

Department:

Phone :  Email:

**Travel Information**

Travel is:     Research Related     To Present Research    (if both, you may double the dollar limits below)

Amount Requested (*max \$500; if compelling reasons, can request \$750 for same project*):    \$

Project Title:

Date(s) of Travel    *Start Date:*     *End Date:*

Anticipated completion date of project or date of presentation:

Brief (300 words) justification for funds (what do you need them for):

## Student and Faculty Sponsor Signatures

By signing this request, you also agree to present your project at “showcases” at least once and up to three times and agree to have ISU videographers record interviews with you during the course of your project. If this research involves human subjects, you agree to complete IRB review prior to recruiting subjects to your study.

Student Signature:

By signing this request, you are vouching for this student and agree to work with the student on the above described project. Should the student fail to deliver on the work described above, the CSRC will require your department to reimburse the CSRC for the funds. Any unused funds are to be returned to the CSRC.

Faculty Sponsor Signature:

## Departmental Chair Signature

Department Chair Signature:

## Terms for Receiving Funds

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**By accepting these funds, I agree to acknowledge in all presentations and/or publications resulting from or using this work the CSRC's support with the following statement: “This <research or project> was supported by the Indiana State University Center for Student Research and Creativity.”**

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*Should the student fail to deliver on the work described above, the CSRC will require your department to reimburse the CSRC for the funds. Any unused funds are to be returned to the CSRC.*

## Instructions for Submitting

Please fill out this form and then click the 'Submit by Email' button at the bottom right of this page. If you are having difficulty with emailing using the button please fill out the form, save it, and email it to [Jenifer.Pollom@indstate.edu](mailto:Jenifer.Pollom@indstate.edu) as an attachment.

\*\*\* BELOW THIS LINE IS FOR CSRC USE ONLY \*\*\*

## Project Number and Approval

Approved

Denied

Project Number: